

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1259

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 219

1. PLACE OF DEATH: Jackson

(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)

In this community: years, months or days

3. (a) PRINT FULL NAME: Larry E. Lovell

3. (b) If veteran, name war: no
3. (c) Social Security No.: no

4. Sex: Male
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Nov. 16, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
"3 27 hr. min.

9. Birthplace: Kansas City
(City, town, or county) (State or foreign country)

10. Usual occupation: Infant

11. Industry or business:

12. Name: Paul V. Lovett
13. Birthplace: Missouri
(City, town, or county) (State or foreign country)
14. Maiden name: Iva Williams
15. Birthplace: Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant: Paul Lovett
(b) Address: 1413 Benton
17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof: Jan. 15
(Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill

18. (a) Signature of funeral director: C. H. Blackman & Son

(b) Address:
19. (a) Jan 15, 1941 (Date received local registrar)
(b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 1413 Benton
(If rural, give location)
(e) If foreign born, how long in U. S. A.: years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 13 day
year 1941 hour 5 minute 35 P.M.

21. I hereby certify that I attended the deceased from Jan 6
1941 to Jan 13, 1941;
that I last saw him alive on Jan 13, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Primary Bronchopneumonia

Due to: 107

Other conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy: Consolidation in both lung fields

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature: M. S. Hogg (M. D. or other)
Address: 315 Alameda St. Date signed: 1-14-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.